

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018642

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1324

FILED MAY 3 1963

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u> | | c. CITY OR TOWN <u>Kirkwood</u> | |
| Length of stay in 1b <u>3 years</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>908 Simmons Ave.,</u> | | d. STREET ADDRESS (If outside, give location) <u>908 Simmons Ave.,</u> | |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) | | First <u>EMILY</u> Middle <u>RUMMEL</u> Last <u>RUMMEL</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>19</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1/7/79</u> | 9. AGE (last birthday) <u>84</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and state or country) <u>Belle, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>? Klebba</u> | | 13b. MOTHER'S MAIDEN NAME <u>Philip Rummel, Dec'd.</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Philip Rummel, Dec'd.</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. INFORMANT <u>E. S. Morris, 7115 Lanham Ave. St. Louis, Mo.</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senility</u> DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>29 years</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Kirkwood, Mo.</u> | COUNTY _____ STATE _____ |
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| 21. I attended the deceased from <u>10/12/58</u> to <u>3/18/63</u> and last saw her alive on <u>3/18/63</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>Charles M. Sauer, M.D.</u> | (degree or title) | 22b. ADDRESS <u>109 N. Taylor, Kirkwood Mo.</u> | 22c. DATE SIGNED <u>4/20/63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4/22/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery,</u> | 23d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Louis H. Bopp, Inc., Kirkwood, Mo.</u> | ADDRESS _____ | 25. DATE RECD. BY LOCAL REG. <u>4-21-63</u> | 26. REGISTRAR'S SIGNATURE <u>John B. Murphy, M.D.</u> |
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VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

109 N. Taylor

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4512

P.O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.